

Chart 3  
Monthly Insurance Rates For Survivors  
Health Insurance Coverage (Non-Medicare Plans), and Dental Coverage  
Rates For Monthly Payroll Deduction, and Direct Payment Purposes  
Effective For The Premium Due July 1, 2006

| Type of Coverage                              | Survivors' Premium  |                 | Full Cost Premium   |                 |
|---|---------------------|-----------------|---------------------|-----------------|
|   | Ind Coverage        | Family Covg     | Ind Coverage        | Family Covg     |
| Altus Dental Coverage                         | \$27.13             | \$64.69         | \$27.13             | \$64.69         |
| Health Plan Costs                             | Individual Coverage | Family Coverage | Individual Coverage | Family Coverage |
| Commonwealth Indemnity Plan Basic with CIC    | \$94.14             | \$219.36        | \$667.22            | \$1,557.67      |
| Commonwealth Indemnity Plan Basic without CIC | 63.68               | 148.70          | 636.76              | 1,487.01        |
| Commonwealth Indemnity Plan Community Choice  | 31.29               | 75.04           | 312.89              | 750.42          |
| Commonwealth Indemnity Plan PLUS              | 45.19               | 107.78          | 451.86              | 1,077.84        |
| Fallon Community Health Plan-Direct Care      | 34.48               | 82.70           | 344.77              | 827.00          |
| Fallon Community Health Plan-Select Care      | 40.69               | 96.54           | 406.90              | 965.42          |
| Harvard Pilgrim Independence Plan             | 45.05               | 108.90          | 450.49              | 1,089.02        |
| Health New England                            | 36.21               | 89.73           | 362.11              | 897.27          |
| Navigator by Tufts Health Plan                | 45.00               | 109.21          | 450.01              | 1,092.11        |
| NHP Care                                      | 36.43               | 96.48           | 364.28              | 964.76          |
| NHP Community Care                            | 33.22               | 87.97           | 332.19              | 879.70          |

CIC: Catastrophic Illness Coverage

Individual CIC: \$30.46/month

Family CIC: \$70.66/month

The above chart is furnished for annuity deduction purposes where the survivor has permitted such insurance deductions. Some survivors are billed directly by the Commission on a quarterly, direct payment basis. In such cases, the premium rates listed on this chart must be multiplied by 3.

The Altus Dental Coverage, when elected by an enrollee, is entirely paid by the enrollee.

